

SERFF Tracking Number:	ARKS-125444659	State:	Arkansas
Filing Company:	MDOW Insurance Company	State Tracking Number:	#1042 \$100
Company Tracking Number:	AF-2007-24HOR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	N/A		
Project Name/Number:	/		

Filing at a Glance

Company: MDOW Insurance Company

Product Name: N/A

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Rate/Rule

SERFF Tr Num: ARKS-125444659 State: Arkansas

SERFF Status: Closed

State Tr Num: #1042 \$100

Co Tr Num: AF-2007-24HOR

State Status: Fees verified and received

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author:

Disposition Date: 01/22/2008

Date Submitted: 01/22/2008

Disposition Status: Filed

Effective Date Requested (New): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

Initial filing for HO-1 program

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: AAIS

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/22/2008

State Status Changed: 01/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Initial LC filing for HO-1 program

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

SERFF Tracking Number:	ARKS-125444659	State:	Arkansas
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Company Tracking Number:	AF-2007-24HOR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	N/A		
Project Name/Number:	/		

NA (123) 555-4567 [Phone]

NA, AR 00000

Filing Company Information

MDOW Insurance Company

CoCode: 12810

State of Domicile: Texas

2200 W Alabama St

Group Code:

Company Type:

Suite 210

Houston, TX 77098

Group Name:

State ID Number:

(713) 528-6686 ext. [Phone]

FEIN Number: 20-5465843

SERFF Tracking Number: *ARKS-125444659*

State: *Arkansas*

Filing Company: *MDOW Insurance Company*

State Tracking Number: *#1042 \$100*

Company Tracking Number: *AF-2007-24HOR*

TOI: *04.0 Homeowners*

Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*

Product Name: *N/A*

Project Name/Number: */*

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: *ARKS-125444659*

State: *Arkansas*

Filing Company: *MDOW Insurance Company*

State Tracking Number: *#1042 \$100*

Company Tracking Number: *AF-2007-24HOR*

TOI: *04.0 Homeowners*

Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*

Product Name: *N/A*

Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/22/2008	01/22/2008

SERFF Tracking Number: *ARKS-125444659*

State: *Arkansas*

Filing Company: *MDOW Insurance Company*

State Tracking Number: *#1042 \$100*

Company Tracking Number: *AF-2007-24HOR*

TOI: *04.0 Homeowners*

Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*

Product Name: *N/A*

Project Name/Number: */*

Disposition

Disposition Date: 01/22/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ARKS-125444659	State:	Arkansas
Filing Company:	MDOW Insurance Company	State Tracking Number:	#1042 \$100
Company Tracking Number:	AF-2007-24HOR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	N/A		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	ARKS-125444659	Approved	No

SERFF Tracking Number: *ARKS-125444659*

State: *Arkansas*

Filing Company: *MDOW Insurance Company*

State Tracking Number: *#1042 \$100*

Company Tracking Number: *AF-2007-24HOR*

TOI: *04.0 Homeowners*

Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*

Product Name: *N/A*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ARKS-125444659</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MDOW Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1042 \$100</i>
<i>Company Tracking Number:</i>	<i>AF-2007-24HOR</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>N/A</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

Unsatisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	01/22/2008
Comments:				
Unsatisfied -Name:	HPCS-Homeowners Premium Comparison Survey	Review Status:		01/22/2008
Comments:				
Unsatisfied -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	01/22/2008
Comments:				
Satisfied -Name:	ARKS-125444659	Review Status:	Approved	01/23/2008
Comments:				
Attachment:	ARKS-125444659.pdf			

ARKS-125444659

BH



CK 1042

100.00

2200 W. ALABAMA ST.
SUITE 210
HOUSTON, TEXAS 77098

FILED
JAN 14 2008

PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT

MDOW
Insurance
Company

713 528 6686
1-800-275-6768
FAX 713 528 7003

January 11, 2008

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

~~CK#1042~~ forms
~~\$100~~

RECEIVED

JAN 14 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

RE: AF-2007-24HOR

CK#1042 notes
\$100

Dear Sir or Madam:

MDOW Insurance Company (MDOW) is submitting our initial adoption filing of the AAIS Homeowner's manual rules, rating information and loss costs. MDOW is affiliated with AAIS for this line of insurance.

With this filing, MDOW is adopting the AAIS Homeowner's rules and loss costs as currently approved. The attached exhibit identifies the filings being adopted.

MDOW proposes to implement this filing effective February 1, 2008.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

Tiffany Phoummarath
Underwriting Manager
tiffany@mdowinsurance.com

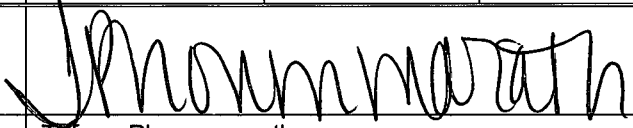
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only FILED JAN 14 2008 PROPERTY AND CASUALTY ARKANSAS INSURANCE DEPT.	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
					0000
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
MDOW Insurance Company	TX	12810	20-5465843		

5. Company Tracking Number	AF-2007-24HOR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tiffany Phoummarath P O Box 540307 Houston, TX 77254	Operations Manager	713-528-6686	713-528-7003	tiffany@cumbialloyds.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Tiffany Phoummarath			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Homeowners Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 2/1/08 Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	American Association of Insurance Services
17. Reference Organization # & Title	AAIS-2007-2
18. Company's Date of Filing	1/11/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

[illegible]

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AF-2007-24HOR
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Re: AF-2007-24HOR

MDOW Insurance Company

NAIC #: 12810, FEIN: 20-5465843

Homeowners Program

Initial Adoption of AAIS Program and Loss Cost Multiplier

Dear Sir or Madam:

MDOW Insurance Company (MDOW) is submitting their initial adoption filing of the AAIS Homeowners manual rules, rating information and loss costs. MDOW is affiliated with AAIS for this line of insurance.

With this filing, MDOW is adopting the AAIS Homeowners rules and loss costs as currently approved. The attached exhibit identifies the filings being adopted.

MDOW proposes to implement this filing effective February 1, 2008.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

Tiffany Phoummarath

Operations Manager

tiffany@columbialloyds.com

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 1042 Amount: 100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AF-2007-24HOR
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	AF-2007-24HOF

☐ Rate Increase

☐ Rate Decrease

☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use						
4a.	Rate Change by Company (As Proposed)							
	Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
	MDOW Insurance Company	0.0	0	0	0	0	0	0
4b.	Rate Change by Company (As Accepted) For State Use Only							
	Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	N/A - this is initial filing
7.	Effective Date of last rate revision	N/A - this is initial filing
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A - this is initial filing

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AF-2007-24HOR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	AF-2007-24HOF

INS01784

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AF-2007-24HOR
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	AAIS-2007-2 (AR-PC-07-022827); AAIS-2007-21R (AR-PC-07-023154); AAIS-2006-15HO (AR-PC-06-019024); AAIS-2002-13

Company Name		Company NAIC Number
3. A.	MDOW Insurance Company	12810
B.		

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.		B.

FOR LOSS COSTS ONLY							
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
AAIS Homeowners Program (New Program)	n/a	n/a	0.501	1.000	1.994	n/a	n/a
TOTAL OVERALL EFFECT	n/a	n/a	0.501	1.000	1.994	n/a	n/a

5 Year History					Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Total Production Expense	22.3
								B. General Expense	19.1
								C. Taxes, License & Fees	3.4
								D. Underwriting Profit & Contingencies	5.0
								E. Other (explain)	
								F. TOTAL	49.9

- 7.
8. Apply Lost Cost Factors to Future filings? (Y or N)
9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):
10. N/A Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):

N/A - INITIAL PROGRAM ADOPTION FILING - NO DATA TO REPORT

MDOW Insurance Company
Loss Cost Multiplier Calculation

Arkansas

Homeowners Program

Expense Description	Projected Totals	Percentage	Selected Percentage
1. Direct Premiums Written	350	100.0%	100.0%
2. Direct Commission & Brokerage Incurred	70	20.0%	20.0%
3. Other Acquisition Costs	8	2.3%	2.3%
4. General Expenses Incurred	67	19.1%	19.1%
5. Taxes, Licenses, and Fees	12	3.4%	3.4%

6. Profit & Contingency Provision	5.0%
---	------

7. Total Expenses [(2)+(3)+(4)+(5)+(6)].....	49.9%
8. Permissible Loss and LAE Ratio [100% - (7)].....	50.1%
9. Loss Cost Modification	1.000
10. Formula Loss Cost Multiplier [(9) / (8)].....	1.994

Dollar amounts are in thousands -- (000) omitted!

* Company was founded in 2007

Becky Harrington

From: Tiffany Phoummarath [Tiffany@cumbialloyds.com]
Sent: Tuesday, January 22, 2008 12:07 PM
To: Becky Harrington
Subject: RE: AF-2007-24HOR and AF-2007-24DPR

We are only writing the HO-1 AND DP-1.

Tiffany Phoummarath
Underwriting Manager
Columbia Lloyds Insurance Company
2200 West Alabama, Suite 210
Houston, TX 77098
713.528.6686 (ph)
713.528.7003 (fax)
tiffany@cumbialloyds.com

-----Original Message-----

From: Becky Harrington [mailto:Becky.Harrington@arkansas.gov]
Sent: Tuesday, January 22, 2008 12:06 PM
To: Tiffany Phoummarath
Subject: AF-2007-24HOR and AF-2007-24DPR

Tiffany,

An HPCS is required with homeowner and dwelling rate/loss cost filings if you are writing an HO-3 or DP-2 policy form. The list of forms submitted with the form filings has all of the policy forms on it. I was not sure if you will only be writing HO-1 and DP-1 or not. Please complete the HPCS attached and return to me via e-mail if applicable. If not, please confirm.

Thanks,
Becky Harrington
Sr. Certified Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov